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MAIL STOP PATENT APPLICATION
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Express Mail No.: EV 322608140US
Attorney Docket No.: 0492611-0507 (MIT 9926)
Date Filed: September 29, 2003

UTILITY PATENT APPLICATION TRANSMITTAL
(for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Dear Sir:

Please find enclosed a patent application and papers as follows for:

Inventor(s):

Given Name (first and middle) Family Name or Surname Residence

Jianzhu	Chen	17 Stearns Road Apt. #6 Brookline, MA 02456
Herman N.	Eisen	9 Homestead St. Waban, MA 02468
Qing	Ge	55 Harvey St., Apt. 1R Cambridge, MA, 02140

Title of the Invention **COMPOSITIONS AND METHODS FOR DELIVERY OF SHORT
INTERFERING RNA AND SHORT HAIRPIN RNA**

A) APPLICATION ELEMENTS:

- 1) **Fee Transmittal Form** (original and duplicate submitted for fee processing)
2) X **Applicant Claims Small Entity Status** (see 37 CFR §1.27)
 a) Statement Verifying Small Entity Status
3) X **Specification**

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Attorney Docket: 0492611-0507
Client Reference No.: MIT 9926

- Descriptive Title of the Invention
- Related Applications
- Background of the Invention
- Summary
- Brief Description of the Drawings
- Description of Certain Preferred Embodiments of the Invention
- Claim(s) (10 pages)
- Abstract of the Invention (1 page)

TOTAL PAGES: 112

4) X **Drawing(s)** (35 U.S.C. § 113)

TOTAL SHEETS: 22

a) Formal Drawings (if checked)

5) **Oath or Declaration**

TOTAL PAGES: 134

a) Newly Executed (copy)

b) Copy from a prior application (37 C.F.R. § 1.63(d))-for
continuation/divisional application

c) Unexecuted

6) **Application Data Sheet.** See 37 CFR 1.76.

7) **CD-ROM or CD-R in duplicate, large table or Computer Program
(Appendix)**

8) **Nucleotide and/or Amino Acid Sequence Submission** (if applicable, all are
necessary)

a) Computer Readable Form (CRF)

b) Specification Sequence Listing on:

i) CD-ROM or CR-R; or

ii) Paper

c) Statements verifying identity of above copies

d) Amendment Introducing Sequence Listing

B) ACCOMPANYING APPLICATION PARTS:

- 9)___ **Assignment Papers**
- 10)___ **37 C.F.R. § 3.73(b) Statement**
- 11)___ **Power of Attorney**
- 12)___ **English Translation Document (if applicable)**
- 13)___ **Information Disclosure Statement (IDS)/PTO-1449**
- 14)___ **Copies of IDS Citations**
- 15) X **Return Receipt Postcard (MPEP 503) (specifically itemized)**
- 16)___ **Certified Copy of Priority Document(s) (if foreign priority is claimed)**
- 17)___ **OTHER: (if applicable, specified below)**

C) FOR CONTINUING APPLICATIONS:

___ CONTINUATION ___ DIVISIONAL ___ CONTINUATION-IN-PART (CIP)

OF PRIOR APPLICATION NO: _____
FILED: _____
EXAMINER: _____
GROUP/ART UNIT: _____

FOR CONTINUATION OR DIVISIONAL APPLICATIONS ONLY: THE ENTIRE DISCLOSURE OF THE PRIOR APPLICATION, FROM WHICH AN OATH OR DECLARATION IS SUPPLIED AS DETAILED ABOVE, IS CONSIDERED A PART OF THE DISCLOSURE OF THE ACCOMPANYING CONTINUATION OR DIVISIONAL APPLICATION AND IS HEREBY INCORPORATED BY REFERENCE.

D.) PRIORITY CLAIM(S):

This application claims the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America listed below:

Application Number	Filing Date	Status
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PCT Applications designating the United States:

Application Number	Filing Date	Status
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This application claims the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Provisional Application(s):

60/414,457	September 28, 2002	Pending
60/446,377	February 10, 2003	Pending
Application Number	Filing Date	Status

E) METHOD OF PAYMENT OF FILING FEES FOR THIS APPLICATION:

- X Applicant claims small entity status 37 CFR §1.27
- X A check is enclosed to partially cover the filing fees.
- X The Commissioner is hereby authorized to charge additional filing fees or credit any overpayment to Deposit Account Number 03-1721.

Basic Filing Fee (**SMALL** Entity) \$375.00
 Additional Fees:
 Total Number of Claims in excess of 20: () x \$9.00 \$
 Number of Independent Claims in excess of 3: (- 3 = 181 x \$42 \$
 Multiple Dependent Claims (\$140):

Total Fee Enclosed:

\$1,200

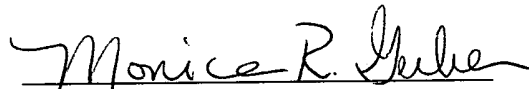
F) CORRESPONDENCE ADDRESS:

X Customer Code: **24280**

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Respectfully Submitted,


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